



*The Commonwealth of Massachusetts*  
*Executive Office for Administration and Finance*  
*Division of Capital Asset Management and Maintenance*  
*One Ashburton Place*  
*Boston, Massachusetts 02108*

**MCCORMACK MOTORCYCLE PARKING**  
**APRIL 1<sup>ST</sup> -- NOVEMBER 30<sup>TH</sup>**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Agency / Office: \_\_\_\_\_  
(Name) (Location) (Phone #)

VEHICLE INFORMATION: \_\_\_\_\_  
(Year) (Make) (Mod.) (Color) (Reg. #)

Parking Rules: All electronic cards / IDs are programmed by DCAMM personnel and must be activated by this office prior to use.  
Parking placards must be displayed face up on dashboard when in garage.  
Alteration of dashboard placards is prohibited. Any correction or status change must be reported to DCAMM and corrected placards will be issued.  
Unidentifiable vehicles may be towed without prior notice.  
Parking within fire lanes is prohibited.  
Handicap license plates or hanging placards (issued by DMV) are required for handicap parking.  
Vehicles must be parked in numbered (reserved spaces) or appropriately within marked spaces.  
Access / ID cards will be disabled by DCAMM staff, without warning, if parking is improperly used.  
The misuse of access / ID cards or placards will result in the immediate deactivation of parking privileges.  
If there are no legal spaces in the McCormack Garage unreserved area, drivers must leave the McCormack Garage and proceed to the Merrimac St. Lot.

*The undersigned, in consideration for exercising the privilege of parking a vehicle in the facilities under the jurisdiction of the Bureau of State Office Buildings, agrees:*

To save harmless the Commonwealth and its agents from any losses or damage incurred while using these facilities.  
To refrain from allowing someone else to use an assigned access / ID card.  
To abide by all federal and state laws related to emission control, income tax liability, vehicle insurance and firearms control.

I have read the above and agree to abide by all the terms and conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Agency Head)

Copies of this form should be retained by the agency and the employee.

-----**TO BE COMPLETED BY DCAMM**-----

Card / ID # \_\_\_\_\_ Issue Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Issued By: \_\_\_\_\_